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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

10214

Facility Name:

Mercy Hospital - Bakersfield

Address:

2215 Truxtun Avenue

City:

Bakersfield

Hospital Owner/Licensee:

Mercy Hospital - Bakersfield

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Robert Omens

Submission Date:

1/8/2013 8:41:57 AM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5,for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-00831	T & D Admitting Wing (Boiler Building and Mezzanin	2215 Truxtun Avenue	Retrofit	SPC2	01/01/2015	06/30/2014

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-00831		T & D Admitting Wing (Boiler Building and Mezzanin		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date Plan Approved in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10214	IS110139-0	0	SB 499: FULL SPC-2 UPGRADE-BLDG 10 BOILER BUILDING	1/24/2011 12:00:00 AM		05/11/2012	04/18/2013	ACTI	No

**Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)**

Building Number: **BLD-00831**

Building Name: **T & D Admitting Wing (Boiler Building and Mezzanin)**

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>

Total Beds this Building

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Support Services	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

Provide the number of Inpatient beds and patient days per type of Unit per building per Section 130061(c)(1)(F)

Building Number:

BLD-00831

Building Name:

T &amp; D Admitting Wing (Boiler Building and Mezzanin

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00827	Main Wing/Courtyard Infill	Remain
BLD-00828	Addition to the Main Wing	Remain
BLD-00829	Patient Tower (T & D Stair No. 3)	Remain
BLD-00830	Treatment and Diagnostic Building (Central Plant a	Remain
BLD-00831	T & D Admitting Wing (Boiler Building and Mezzanin	Retrofit
BLD-00832	T & D Stair No. 1 (Laundry Building)	Remain
BLD-00833	T & D Stair No. 2 (Treatment and Diagnostic Buildi	Remain
BLD-00834	T & D Stair No. 3 (T & D Stair No. 4)	Remain
BLD-00835	T & D Stair No. 4 (Patient Tower)	Remain
BLD-00836	Boiler Building and Mezzanine (T&D Stair Number 1)	Remain
BLD-00837	Central Plant and Emergency Generator Enclosure (T	Remain
BLD-05203	Boiler Building and Mezzanine (T&D Stair Number 2)	Remain

Report Year:

2012

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Mercy Hospital - Bakersfield

Bakersfield

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-00831

Building Name:

T &amp; D Admitting Wing (Boiler Building and Mezzanin

## Type of Service Provided

- Nursing
- IntensiveCare
- Pediatric/Adol  
escent
- Psychiatric  
Nursing
- Obstetrical  
Ante/Postprtum
- Intermediate  
Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/  
Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical  
Cesarean/Deliv
- Obstetrical  
Recovery
- Newborn/  
WellBaby
- Emergency
- Nuclear  
Medicine
- Rehabilitation  
Therapy
- Renal Dialysis
- Outpatient  
Surgery
- Central Plant
- Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00827

Building Name: Main Wing/Courtyard Infill

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00828

Building Name: Addition to the Main Wing

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00829

Building Name: Patient Tower (T &amp; D Stair No. 3)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00830

Building Name: Treatment and Diagnostic Building (Central Plant a

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

 Central PlantObstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Administration

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00831

Building Name: T &amp; D Admitting Wing (Boiler Building and Mezzanin

Configuration: Remove from GAC service by 1/1/2030

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Pharmaceutical                | <input type="checkbox"/> Emergency                 |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Administration           | <input type="checkbox"/> Support<br>Services           |  |
| <input type="checkbox"/> Skilled Nursing               |   |  |  |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00833

Building Name: T &amp; D Stair No. 2 (Treatment and Diagnostic Buildi

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis            |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery     |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant             |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 |  |  |
| <input type="checkbox"/> Skilled Nursing               | <input type="checkbox"/> Administration           |  |  |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00835

Building Name: T &amp; D Stair No. 4 (Patient Tower)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Administration	
<input type="checkbox"/> Skilled Nursing			

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00836

Building Name: Boiler Building and Mezzanine (T&amp;D Stair Number 1)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-00837

Building Name: Central Plant and Emergency Generator Enclosure (T

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Pharmaceutical

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Dietetic

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Administration

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-05203

Building Name: Boiler Building and Mezzanine (T&amp;D Stair Number 2)

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00827**Building Name: **Main Wing/Courtyard Infill****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number: **BLD-00828**

Building Name: **Addition to the Main Wing**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00829**Building Name: **Patient Tower (T & D Stair No. 3)****Type of Service Provided**
 Nursing Inpatient Beds 
 IntensiveCare Inpatient Beds 
 Pediatric/Adol escent Inpatient Beds 
 Psychiatric Nursing Inpatient Beds 
 Obstetrical Ante/Postprtum Inpatient Beds 
 Intermediate Care Inpatient Beds 
 Skilled Nursing Inpatient Beds 

 Total Beds this Building 
 Surgical

 Anesthesia

 Clinical Lab

 Radiological/ Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical Cesarean/Deliv

 Obstetrical Recovery

 Newborn/ WellBaby

 Emergency

 Nuclear Medicine

 Rehabilitation Therapy

 Renal Dialysis

 Outpatient Surgery

 Central Plant

 Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00830**Building Name: **Treatment and Diagnostic Building (Central Plant a****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number: **BLD-00832**

Building Name: **T & D Stair No. 1 (Laundry Building)**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00833**Building Name: **T & D Stair No. 2 (Treatment and Diagnostic Buildi****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="20"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="20"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number: **BLD-00834**

Building Name: **T & D Stair No. 3 (T & D Stair No. 4)**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00835**Building Name: **T & D Stair No. 4 (Patient Tower)****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="124"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="124"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00836**Building Name: **Boiler Building and Mezzanine (T&D Stair Number 1)****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)**

Building Number: **BLD-00837**

Building Name: **Central Plant and Emergency Generator Enclosure (T**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number: **BLD-05203**

Building Name: **Boiler Building and Mezzanine (T&D Stair Number 2)**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00827

Building Name:

Main Wing/Courtyard Infill

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00828

Building Name:

Addition to the Main Wing

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00829

Building Name:

Patient Tower (T &amp; D Stair No. 3)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00830

Building Name:

Treatment and Diagnostic Building (Central Plant a

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00832

Building Name:

T &amp; D Stair No. 1 (Laundry Building)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00833

Building Name:

T &amp; D Stair No. 2 (Treatment and Diagnostic Buildi

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00834

Building Name:

T &amp; D Stair No. 3 (T &amp; D Stair No. 4)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00835

Building Name:

T &amp; D Stair No. 4 (Patient Tower)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00836

Building Name:

Boiler Building and Mezzanine (T&amp;D Stair Number 1)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00837

Building Name:

Central Plant and Emergency Generator Enclosure (T

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: BLD-05203

Building Name: Boiler Building and Mezzanine (T&amp;D Stair Number 2)

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

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